



**CITY OF LONG BEACH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**BUREAU OF ENVIRONMENTAL HEALTH – BODY ART PROGRAM**  
2525 Grand Avenue, Room 220, Long Beach, California 90815  
Phone (562) 570-4129 Fax (562) 570-4038



**BODY ART PRACTITIONER ANNUAL REGISTRATION FORM**

**I. PROCEDURES TO BE PERFORMED: Check all that apply (see back for definitions)**

☐ Tattooing      ☐ Body Piercing      ☐ Permanent Cosmetics      ☐ Branding

**II. APPLICANT INFORMATION:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Female ☐ Male

Identification Type: ☐ Drivers License ☐ Other Identification No.: \_\_\_\_\_

**Evidence of Six-months of Related Experience**

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/County: \_\_\_\_\_ State: \_\_\_\_\_  
Service you Provided: \_\_\_\_\_  
Supervisor Name and Contact Information: \_\_\_\_\_

**Bloodborne Pathogen Training: Submit Certificate**

Date Completed: \_\_\_\_\_ Training Provided by: \_\_\_\_\_

**Hepatitis B Vaccination Status: Choose One and Submit Documentation**

- 1 ☐ Certification of Completed Vaccination      3 ☐ Contraindicated for Medical Reasons  
2 ☐ Laboratory Evidence of Immunity      4 ☐ Vaccination Declination

**III. FACILITY LOCATION(S) WHERE YOU PRACTICE: (Attach additional sheets as necessary)**

1. BUSINESS NAME: \_\_\_\_\_  
Owner/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. BUSINESS NAME: \_\_\_\_\_  
Owner/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned hereby applies for a Body Art Practitioner Annual Registration and agrees to operate in accordance with all applicable state and local requirements governing safe body art practices.

**I hereby certify that to the best of my knowledge and belief that the statements made herein are true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Program (PE): \_\_\_\_\_ Fees: \_\_\_\_\_ Authorized by (REHS): \_\_\_\_\_